

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588146

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: JOHN L. BURNS, P.A.

**Current Principal Place of Business:**

400 COLUMBIA DR  
SUITE 100  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 349  
WEST PALM BEACH, FL 33402 US

**New Mailing Address:**

FEI Number: 59-1863197      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURNS, JOHN L  
400 COLUMBIA DR  
SUITE 100  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURNS, JOHN L.,  
Address: 400 COLUMBIA DR SUITE 100  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete  
Name: VOGLER SAUNDERS, LISA  
Address: 103 SE 34TH AVE  
City-St-Zip: BOYNTON BCH, FL 33435

Title: D ( ) Delete  
Name: BURNS, LOIS E  
Address: 463 S. COUNTRY CLUB DRIVE  
City-St-Zip: ATLANTIS, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SAUNDERS, LISA V  
Address: 103 SE 34TH AVE  
City-St-Zip: BOYNTON BCH, FL 33435

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA V. SAUNDERS

S

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date